

wealthiest seniors will come out of the risk pool where they share the risk of coverage, and that will result in raising the premiums for everyone else—for the poorer and the sicker—and it will raise those premiums by as much as 60 percent.

The so-called cost containment provisions in the bill add insult to injury by essentially placing a cap on Medicare spending. This bill would attempt to force future Congresses to reconcile Medicare spending growth by cutting benefits, raising premiums, or increasing the payroll tax. I believe that is unacceptable.

So what do America's seniors get from this bill?

More than 2 million seniors who have good drug coverage now, through retiree health plans, are going to lose it. About 6½ million low-income seniors—the very people we need to help the most—could get less drug coverage than they have now. That is a raw deal for seniors.

Under this bill, 7 million seniors will be given this choice: Pay more for Medicare and get forced into an HMO, give up on choosing your own doctor and hospital, or watch your bills skyrocket. That is the choice for seniors.

The name of this provision in the bill is called premium support, but like Clear Skies, which means dirtier air, or Healthy Forests, which means cutting down the trees, it is an innocent-sounding name for a plan that could raise Medicare premiums from about \$60 to thousands of dollars. It breaks the compact of Medicare.

In fact, what it really means is the beginning of the end of Medicare as we know it. Those are not my words, those are the proud boasts of the author of this bill, House Ways and Means chairman, BILL THOMAS. He said:

To those who say that it would end Medicare as we know it, our answer is, we certainly hope so.

It is not surprising that Newt Gingrich is supporting this deal because he long wanted Medicare to “wither on the vine.” Most Americans and most Democrats have a different hope, that Medicare remain secure and strong. I intend to fight with everything I have to make that happen.

We need a real-world, affordable Medicare prescription drug benefit for seniors, a plan that won't force seniors into an HMO, that won't undermine the coverage for seniors who are already getting help today, that will be run by Medicare instead of an insurance company in search of a buck, and that will send a real benefit to every senior, no matter whether the costs are average or high. That is a real deal for America's seniors. But as I said before, right now this bill is a bad deal for seniors and they know it.

They know that this bill provides the skimpiest of benefits, with holes in coverage and complex rules. The coverage gaps remain too high, and seniors are still charged premiums even after their benefits shut down in the so-

called donut hole. I think we ought to go back to the drawing board. They know this bill does not adequately protect them with a guaranteed government fallback with a national premium. Until this bill stops slanting all the advantages toward the HMOs and private companies, I believe we have to vote it down.

I believe seniors deserve a guaranteed Government fallback plan. Seniors know that this bill will jack up the out-of-pocket costs in order to visit doctors and hospitals. This is supposed to be a bill to add a prescription drug benefit, but along the way beneficiaries got stuck holding the bill for an additional \$25 billion in increased out-of-pocket costs from means testing the Part B premium and increasing the deductible and indexing it to inflation.

This revenue raiser isn't done in order to improve Medicare but to give sweet deals, slush funds, and tax accounts to corporations and to the rich. It is wrong. We should vote it down.

I believe the proponents know that this bill fails to fix protections for low-income seniors—certainly low-income seniors know that across the country—and people with disabilities that currently rely on both Medicare and Medicaid for their coverage and should be defeated. They know it and you know it. This is not a good deal for seniors.

This week in November of 1945, Harry Truman sent to Congress a proposal for health care for Americans. He said:

Millions of our citizens do not now have a full measure of opportunity to achieve and to enjoy good health. And the time has now arrived for action to help them attain that opportunity and to help them get that protection.

But powerful interests mobilized 1945 on Capitol Hill and defeated health care for Americans, Harry Truman's proposal, and especially for our seniors.

It was almost 20 years later that a young American President took up Harry Truman's cause and called for health care for America's seniors. This week in November of 1963, the House of Representatives was considering John Kennedy's Medicare proposal. The same powerful interests were swarming through this building, but there was a spirit of hope and possibility. Now those who support this bill are breaking the promise of Truman and Kennedy that was fulfilled under President Lyndon Johnson.

This has been tried before. This week in November of 1995, 30 years after Medicare became law, Speaker Newt Gingrich and his ideological allies shut our Government down for the first time ever in order to achieve their radical objective of tearing down Medicare. Millions of seniors would have been harmed by those cuts, but we stood up and we stopped Newt Gingrich because President Bill Clinton and others stood their ground and defended Medicare.

I believe we need to stand our ground today and stand on principle again. This bill will hurt seniors more than it

will help them. We should pass a bill that offers a real prescription drug benefit under Medicare. We need to rebuild Medicare, not sell it out to the highest bidders. Medicare is one of the best Federal programs we have. I don't believe it is time to shred it. It is time to strengthen it. This Congress and President Bush will be held accountable by America's seniors and American history for the decision we make now. I believe we ought to give seniors a real deal, a prescription drug benefit under Medicare that works for them, and not a phony prescription drug benefit that provides benefits only for the most powerful special interests that stand in their way.

I yield the floor.

The PRESIDING OFFICER (Mr. GRASSLEY). The Chair recognizes the Senator from Missouri.

Mr. TALENT. Mr. President, I appreciate the opportunity to speak about this landmark piece of legislation that is so necessary and has been so necessary for too long and of which we have deprived America's seniors for too long. If I may say with great respect, I had a chance to listen to the last two speakers, my friend from Oklahoma and my friend from Massachusetts. Listening to those speakers just summed up for me why we have not passed this bill in the years and years it has been necessary and that seniors have been demanding it. The last two speakers represented pretty well and eloquently, with their usual vigor, the opposite ends of the political spectrum on this bill.

For the first speaker, the bill represented too much government, too much money. For the second speaker, it represented too little government, too little money. Both speakers are terribly disappointed with President Bush. Both want more time to consider this bill and, if necessary, go back to the drawing board; if necessary, wait years more before we provide a prescription drug benefit that millions of seniors around the country need and have needed for many years.

I rise to speak in favor of the bipartisan Medicare conference agreement. I think it is necessary. Medicare is a great program. My dad passed away last October. He was 91 years old. My mom had passed away about 15 years before then in her early seventies. They both used Medicare and stayed alive as long as they did and as healthy and as happy as long as they did in part because of Medicare. It has covered tens and tens of millions of seniors, not only with good medical care but with the security of knowing that they had medical care if they got sick.

Medicare was a great program and is a great program in 1965 terms. That is when it was developed. It covers the kinds of things that good health care covered in 1965, and it doesn't cover the kinds of things that were not covered in 1965. It doesn't have very many preventive health care benefits, catastrophic coverage for long-term acute

illnesses. And it does not have coverage for outpatient prescription drugs because in 1965 you didn't use prescription drugs very often, unless you had an infection or some kind of pain killer. Now they are a part of almost every ongoing medical care treatment plan. Everybody who has health insurance—and not enough do—just about everybody who does has some kind of prescription drug coverage because it helps keep you healthy.

In providing insurance to somebody, you want them to stay healthy because if they get sick, it ends up costing more money for everybody. That is the reason we haven't had this coverage in Medicare, and it has hurt people.

There was a parade I used to be in every year when I was in the House. I like parades. You get a lot of exercise, and they are fun. It is in Hazelwood, MO. I would go down the same street. I always walk parades. I remember running up this driveway and these two seniors would be sitting at the top of their driveway watching the parade every year. Every year I would stop there for 60 seconds, and they would ask me when we were going to cover prescription drugs in Medicare.

I would say: Well, we haven't done it yet.

And they would say: We know that.

Then the issue finally moved on the front burner here at the end of late 1990s and the House began passing bills, 3 or 4 years in a row. We never passed one until this year here. The sentiments we have heard today—I respect so much the Senators who uttered them—are the reasons why.

I just do not want to wait until we get a bill that satisfies every extreme in politics and the political exigencies for everybody because we will wait forever. We will never get a bill then. I would rather go ahead with this bill, which is a good bill, and take what is good about it and then see what is working and what isn't working and then go back and fix it.

That is the reason the AARP supports this. They are tired of waiting, too. I had a hearing on this. I have the honor of sitting on the Special Committee on Aging, a great committee, with a great chairman, Senator LARRY CRAIG. The hearing was in St. Louis. One of the witnesses was Audrey Valley, a delightful lady, who attended the Route 66 Senior Center in Eureka, MO, regularly. I have been out there for lunch a couple of times. She testified about her experiences over the last 12 years. Audrey suffers from osteoarthritis, a degenerative bone disease, and she also has a sinus disease. She ought to be taking two different types of prescription drugs for these conditions, but it costs \$100 a month for 15 pills. So she often cannot take the drugs. She gets some pain relief over-the-counter pills; sometimes it makes her feel better and sometimes it doesn't. She does the best she can. She has to choose between paying for those drugs or paying her rent. Having an air

conditioner working in the summer is hard for her. All of these statements about the problems in this bill mean nothing to Audrey, who struggles month after month because of this gap in Medicare.

What would the bipartisan agreement mean for Missouri? We have over 888,000 beneficiaries in Missouri. They all have the opportunity to get a discount card—a 15- to 25-percent discount immediately. Better than that, low-income seniors get, in addition to that, \$600 a month in annual assistance to help them afford their medicines, along with discount cards. That is a total of over \$200 million in assistance for over 170,000 Missouri residents over the next 2 years, if we pass this bill—not otherwise.

Beginning in 2006, every Missouri senior in Missouri would be eligible for coverage in this bill for approximately \$35 a month. They get at least 50 percent off—or approximately 50 percent off their prescription drug costs. Of the approximately 270,000 beneficiaries in Missouri who have limited savings and low income, they will qualify for even more generous coverage. Additionally, the Government will help the State pick up the cost of the Medicaid-eligible seniors. That will help Missouri, which is in a cash-strapped situation with regard to its budget.

This bill meets the conditions that I thought was important for a Medicare prescription drug bill. It has an immediate benefit, reasonable monthly premiums, strong catastrophic coverage, targeted help for low-income seniors, quality benefits for rural areas, protections for local pharmacies, choice and access to all medicine, and participation in it is voluntary. If you like what you have, you don't have to participate.

That is the reason I am supporting this. I will be pleased to vote for it on final passage. I hope a majority of the Senate does. I hope we are allowed to vote. You never know these days. This is the most important Medicare bill in a generation and maybe we will be able to vote on it and maybe we will not. I know most of the people want to have an opportunity to vote on this bill. I think most will vote for it if they get that opportunity.

I am going to close by saying what I have said on the fairly rare occasions when I have spoken on this issue on the Senate floor. In this body, everything always gets said but not everybody says it. Once in a while, I feel maybe I should deprive the Senate of my comments on something in the service of expedition. But I have said, look, if the bill is reasonable, I am going to move ahead with it. I am tired of waiting. I would like to help these people, such as the folks I saw in that parade, and like Audrey Valley, and others, get access to prescription drugs. I think most of the people who have worked on this on both sides have done their best. As far as I can tell, they are not motivated by all the lobbyists or the special inter-

ests. I have been in a lot of meetings on this, and that hasn't come up once. They are trying to do the best they can for seniors, in a way that will work and be affordable for everybody. That is what this bill does. I am going to vote for it on that basis. I hope it passes.

I congratulate the chairman, who is presiding now, for his fine work.

How much time remains?

The PRESIDING OFFICER. There are 21 minutes remaining.

Mr. TALENT. I am pleased to yield that time to my friend from Colorado.

The PRESIDING OFFICER. The Senator from Colorado is recognized for 21 minutes.

Mr. ALLARD. Mr. President, I thank the Senator for yielding the balance of his time.

Mr. President, first I want to compliment Majority Leader BILL FRIST, from Tennessee; Chairman of the Finance Committee, CHUCK GRASSLEY; and the Conference Committee on working diligently and in good faith toward a workable prescription drug program for elderly citizens. Some have come to this floor and proclaimed it is about politics. I couldn't disagree more. President George Bush, Majority Leader BILL FRIST, and Chairman GRASSLEY have not only talked about the need for a prescription drug program but have worked hard for several years toward a workable program.

It is the Democrats who have demagogued this issue. We just have to look at last year when the prescription bill was brought to the floor by the Democrat majority leader, without having it debated and reported out of committee. I believe that it was their hope that they could embarrass Republicans in an election year. Instead, it only helped point to the failures of a Democrat-led Senate that couldn't even pass a budget because they did not want to deal with the tough votes they would have to face on this floor.

I believe this Republican-led Senate is wrapping up one of the most successful sessions since 1994. There have been long hours and a lot of hard work that has paid off, despite filibusters on judges and attempts to slow down and kill many provisions, such as the budget. But Republicans passed a budget. Republicans are still working hard to pass an energy bill that was blocked through the efforts of key Democrats, and the Republicans are now working hard to pass a prescription drug benefit that is facing a possible filibuster on the Senate floor by the Democrats.

Mr. President, I am very disappointed that we have had to face all this obstruction on the floor, despite the concerted effort to work responsibly and respectfully through the Senate committee system, then bringing the prescription drug bill to the floor and passing it. Now, here we are again, facing a threatened filibuster by the Democrats. Mr. President, we need to have an up or down vote on this conference report. Again, I know that the conferees worked hard in a bipartisan way.